

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

423514

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		2				
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11		0				
12		0				
13		0				
14	/					
15		0				
16		0				
17		0				
18		0				
19	/					
20		1				
21		0				
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TOTAL IND.	11					
TOTAL DEP.	20					
TOTAL CLAIMS	31					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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